

05/13/99  
JCS03 U.S. PTO

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small>	Attorney Docket No.	SWA-3.2.016/2144
	First Inventor or Application Identifier	Frank B. Norman
	Title	INTERACTIVE REVERSE CHANNEL FOR DIRECT BROADCAST SATELLITE SYSTEM
	Express Mail Label No.	EL284833465US

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Specification (Total Pages <b>28</b> ) (preferred arrangement set forth below) - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the invention - Brief Summary of the invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) (Total Sheets <b>5</b> ) 4. Oath or Declaration (Total Pages <b>2</b> ) a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	5. <input type="checkbox"/> Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies
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<b>ACCOMPANYING APPLICATION PARTS</b>	
7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input checked="" type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired (PTO/SB-06-12) 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input checked="" type="checkbox"/> Other: Check NO. for \$916.00	

**NOTE FOR SMALL ENTITIES:** IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.30).

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:  
☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application No: 08 / 668,816  
 Prior application information: Examiner Christopher Grant Group / Art Unit: 2711  
**For CONTINUATION or DIVISIONAL APPLICATION:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

<b>17. CORRESPONDENCE ADDRESS</b>					
<input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here)			or <input checked="" type="checkbox"/> Correspondence address below		
Name	Robert J. Hess, Esq. Cobrin & Gittes				
Address	750 Lexington Avenue 21st Floor				
City	New York	State	NY	Zip Code	10022
Country	U.S.A.	Telephone	(212) 486-4000	Fax	(212) 486-4001

Name (Print/Type)	Robert J. Hess	Registration No. (Attorney/Agent)	32,139
Signature	<i>Robert J. Hess</i>	Date	5/13/99

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 1999</h2> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision. Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.</p>		<p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>NOT YET ASSIGNED</td></tr> <tr><td>Filing Date</td><td>May 13, 1999</td></tr> <tr><td>First Named Inventor</td><td>Frank B. Norman</td></tr> <tr><td>Examiner Name</td><td>NOT YET ASSIGNED</td></tr> <tr><td>Group / Art Unit</td><td>NOT YET ASSIGNED</td></tr> <tr><td>Attorney Docket No.</td><td>SWA-3.2.016/2144</td></tr> </table>		Application Number	NOT YET ASSIGNED	Filing Date	May 13, 1999	First Named Inventor	Frank B. Norman	Examiner Name	NOT YET ASSIGNED	Group / Art Unit	NOT YET ASSIGNED	Attorney Docket No.	SWA-3.2.016/2144
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TOTAL AMOUNT OF PAYMENT		(\$ 916.00)													

<p><b>METHOD OF PAYMENT (check one)</b></p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: 03-2317</p> <p>Deposit Account Name: COBRIN &amp; GITTES</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:  <input checked="" type="checkbox"/> Check    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p> <p style="text-align: center;"><b>FEE CALCULATION</b></p> <p><b>1. BASIC FILING FEE</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101 760</td><td>201 380</td><td>Utility filing fee</td><td>760</td></tr> <tr><td>106 310</td><td>206 155</td><td>Design filing fee</td><td></td></tr> <tr><td>107 480</td><td>207 240</td><td>Plant filing fee</td><td></td></tr> <tr><td>108 760</td><td>208 380</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114 150</td><td>214 75</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="3"><b>SUBTOTAL (1)</b></td><td><b>(\$ 760)</b></td></tr> </tbody> </table> <p><b>2. 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Typed or Printed Name		ROBERT J. HESS, ESQ.		Reg. Number	32,139
Signature			Date	5/13/99	Deposit Account User ID
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